<u>\$</u>	MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK															
	CITY MA DATE PERMIT#															
Sall I	JOBSITE ADDRESS OWNER'S NAME								***************************************							
P	OWNER ADDRESS	IER ADDRESS TEL FAX														
TYPE OR PRINT	OCCUPANCY TYPE															
CLEARLY	NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO															
FIXTURES 1	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB														1		
CROSS CONNEC																
	CIAL WASTE SYSTEM								4				1			
	S/OIL/SAND SYSTEM													1		
DEDICATED GRE	The state of the s															
	Y WATER SYSTEM			ļ	<u> </u>											
DISHWASHER	ER RECYCLE SYSTEM		-													
DRINKING FOUN	TAIN			31		<u></u>					-					
FOOD DISPOSER			-		-						-					
FLOOR / AREA D			ļ	L-w	-	L.	<u> </u>	L				<u></u>			-	L
INTERCEPTOR (I			ı 	# 		- Da			W 2		-	-	,4	A 200		2
KITCHEN SINK			ļ-	-	-							-		-		, ,
LAVATORY			3	1												
ROOF DRAIN					lane man		-					<u></u>		-	-	
SHOWER STALL			r		1		-						1		4	
SERVICE / MOP S	SINK															
TOILET								200		·		-	lle a	H		
URINAL																
WASHING MACHINE CONNECTION																m
WATER HEATER ALL TYPES																
WATER PIPING			war :													
OTHER	TO S ASSESSED TO S ASSESSED TO SECOND STATE OF S					3										
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									uw l			un n				Large Transport
				INS	IIRAN	CE CO	/EDAC	25.								
INSURANCE COVERAGE: I have a current <u>liability</u> insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES NO																
IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW																
LIABILITY INSURANCE POLICY OTHER TYPE OF INDEMNITY BOND																
OWNER'S INSURANCE WAIVER: I am aware that the licensee <u>does not have</u> the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application <u>waives</u> this requirement.																
CHECK ONE ONLY: OWNER AGENT																
SIGNATURE OF OWNER OR AGENT																
I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.																
PLUMBER'S NAME LICENSE # SIGNATURE																
MP JP CORPORATION # PARTNERSHIP # LLC #																
COMPANY NAME ADDRESS																
CITY		STA	TE		ZIP [1	TEL	***************************************	***************************************		***************************************		7
FAX	CELL	EN	/AIL				******	***************************************		Lo.						-1

FINAL INSPECTION NOTES				
BELOW FOR OFFICE USE ONLY Yes No THIS APPLICATION SERVES AS THE PERMIT	FEE: \$ PERMIT #			
ROUGH PLUMBING INSPECTION NOTES				